

# The Affordable Care Act

*How is it Affecting our Trauma Centers?*



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LEADING THE QUEST

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I have nothing to disclose; no conflicts to report



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## The Affordable Care Act



## The Affordable Care Act Incentives – Teamwork & Integration - Information

Using incentives to motivate higher-value care (tying payment to value)

Changing the way healthcare is delivered through greater teamwork and integration (more effective coordination – population health)

Harnessing the power of information to improve care for patients



Sylvia Matthews Burwell, January 2015  
United States Secretary of Health & Human Services

## The Affordable Care Act

- People centered
- Outcomes driven
- Sustainable
- Coordinated care systems
- New payment systems:
  - Value-based purchasing
  - ACO shared savings
  - Episode-based payments
  - Data transparency



(Thompson, 2014)

## The Affordable Care Act

Insurance  
Marketplace

• Access

Delivery Reform

• Quality

Payment Reform

• Cost

These are not foreign concepts in the trauma community  
We have a great opportunity to collaborate, lead and succeed.

## The ACA and the Value Proposition

- Center for Medicare and Medicaid Innovation
- Hospital readmission reduction program
- Hospital value based purchasing
- Hospital acquired conditions
- ACO's
- Physician incentive programs
- Driving down waste, fraud and abuse in Medicare and Medicaid



(Thompson, 2014)

## Value-Based Purchasing

- In 2012, CMS instituted the hospital inpatient value-based purchasing program

- Base operating DRG payments will be reduced by 1% (this reduction will increase by 0.25% each year up to 2% in 2016)

- This will allow hospitals to "earn" that lost revenue back based on certain performance measures of which patient satisfaction constitutes 30% of all performance measures



## Incentives – Teamwork & Integration – Information

These goals align very well with trauma care at the trauma center and trauma system levels, e.g.,  
performance improvement,  
accurate data/reporting, injury prevention



## Tie Quality Based Reimbursement with Trauma Center PIPS

- Trauma performance improvement & patient safety (PIPS) programs is already a requirement and a strength in many trauma centers
- Augment these efforts with:
  - Pay for performance measures specific to trauma – i.e. outcomes, prevention
  - Staffing in trauma administration – i.e. appropriate staffing levels to support data and PI activity
  - Insert staffing requirements into State Regulation and Local EMSA designation criteria

Start planning now!



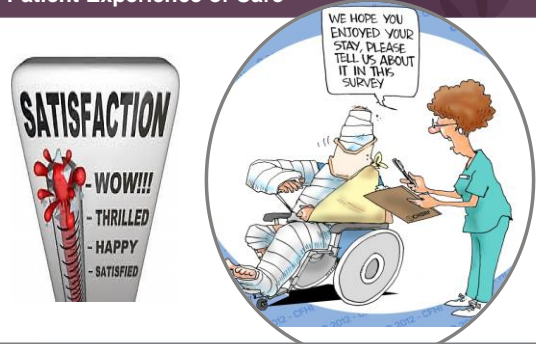
## Trauma System Model is Consistent with Goals of ACA

- New and innovative models of episode-based payment are needed
- They must take into account the time-sensitive nature of trauma treatment, the need for triage to the appropriate level of care, and the fixed costs associated with ensuring readiness
- The development of trauma ACO's which would be consistent with the recently proposed concept of "turbo" ACO's – for promoting efficient health care may be an option



(Eastman, MacKenzie, & Nathens, 2013)

## Patient Experience of Care



## Patient Experience of Care

### Factors Associated with Patient Satisfaction Scores for Physician Care in Trauma Patients

- Hypothesis: there are specific demographic factors associated with higher or lower physician satisfaction
- Conclusion: Trauma patient satisfied with his or her physician care is one who is:
  - 65 years or older
  - Requires surgery
  - And is predominantly satisfied with other aspects of their hospital care
- Unsatisfied patients are:
  - Younger
  - Non-operative
  - Had lower injury severity scores
  - Had complication of care
  - Rated their hospital care as poor

(Rogers, et al., 2013)

## Insuring the Uninsured: Potential Impact of Health Care Reform Act of 2010 on Trauma Centers

The findings suggest:

- Expansion of health insurance under the ACA will likely lead to continuing losses for trauma centers if the reimbursements for newly insured are at Medicare/Medicaid level
- The exact magnitude of its impact will depend on the insurance coverage that will emerge during the next few years



(Shafi, et al., 2012)

## Initial Impact of the ACA on an Ohio Level I Trauma Center

• Methods: conducted an analysis of trauma charges, reimbursement, and supplemental payments over three years (2012 – 2014)

• Conclusions:

- In the first year following changes by the ACA, self-pay/charity charges decreased
- Medicaid charges increase
- Total hospital supplemental payments decrease
- Small downward trend in the number of commercially insured patients
- More data collection and analysis are needed



(Cheslik, et al., 2016)



## Changes in Emergency Department Census

The ACA was associated with a statistically significant yet modest decrease in ED use



(Antwi, Moriya, Simon, & Sommers, 2015)



## Changes in Emergency Department Census

• Early into the ACA expansion, publically reported preliminary trends show:

- Increases in ED volumes
- Possible increases in patient acuity for Medicaid and Marketplace patients
- Decreases in uncompensated care for states expanding Medicaid

• Thus, it is too early to determine the long-term effects on ED's and emergency physicians

(Medford-Davis, Eswaran, Shah, & Dark, 2015)



## Insured Young Adults and the ACA

- Many of the most common and costly young adult hospitalizations for young men and women in this study, such as those for mental illness and injury and poisonings, are potentially preventable through better outreach and outpatient care
- Potentially avoidable young adult hospitalizations support resource allocation to improve public health prevention strategies

(Antwi, Moriya, Simon, & Sommers, 2015)

***Injury prevention and outreach have long been trauma center requirements***

***The Model Trauma System Plan is based on the Public Health Approach***



## American Journal of Emergency Medicine Cost savings associated with transfer of trauma patients within an accountable care organization

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## Transfers Within an ACO

- Trauma patients transferred to a Level I center from a referring institution within the same ACO-like system had significantly lower total costs of hospitalization and overall imaging use than did patients transferred from outside the system
- Adult trauma patients transferred from within an ACO have significantly lower total costs of hospitalization than do those transferred from outside the system, without significant differences in disease burden, hospital length of stay, or mortality
- The authors note that the formation of ACO's may lead to standardization of practice and decreased variation in the use of resources

(Geyer, et al., 2016)

*If you do not agree with this study, or these concepts, then look inside your own trauma program... do you appropriately utilize resources? Do you monitor adherence to practice management guidelines to decrease variation in care... these are basic principles of trauma performance improvement*



## Patient-Centered Outcomes Research Institute (PCORI)

- The ACA established the Patient-Centered Outcomes Research Institute (PCORI)
- There are a number of trauma related PCORI projects underway
- PCORI is dedicated to generating information that can guide doctors, other care givers, and patients as they address important clinical decisions
- In the years ahead, the research findings from PCORI, disseminated in part through EHRs can bring critical clinical information to providers and patients when they need it the most, at the point of care



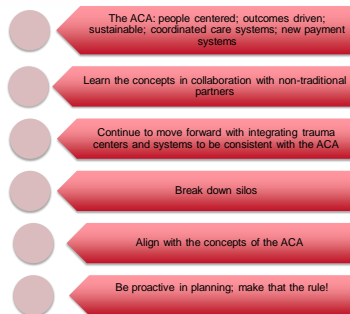
## From the Front Lines...Nothing New...Something New

- Top challenges on a daily basis:
  - Transition of care issues
  - Follow up
  - Changing coverage
  - Trauma patients with psychiatric issues
- Trauma Centers need personnel in a new role:
  - "Trauma Nurse Navigator"



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## Summary



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